

COMMONWEALTH OF VIRGINIA
STATEMENT OF EXEMPTION
MUTUAL ASSESSMENT PROPERTY & CASUALTY INSURERS
 (To Be Returned With Report of Income - Premium License Tax)

 NAIC #

 Name of Insurance Company

I certify that the company named above is exempt from paying the premium license tax on direct gross premium income as prescribed in § 58.1-2502 of the Code of Virginia. This company operates in the counties and/or cities shown below (please indicate the corresponding population):

Counties/Cities

Population

 (DATE)

 (SIGNATURE OF OFFICER)

 (TITLE)

State of _____, County (or City) of _____ To-Wit:

This day _____, _____
 (NAME OF OFFICER) (TITLE)

of _____
 (NAME OF COMPANY)

personally appeared before me in the County (or City) aforesaid, and made oath that the foregoing report is correct.

Given under my hand and notarial seal this _____ day of _____, 20_____.

Seal

 (Notary Public)

My commission expires _____.